



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/087596
		Filing Date	March 1, 2002
		First Named Inventor	Mark G. Currie
		Examiner Name	P. G. Spivack
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1614	
TOTAL AMOUNT OF PAYMENT	(\$) 640.00	Attorney Docket No.	SEPR-P01-051

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES				
<input checked="" type="checkbox"/> Deposit Account:						
Deposit Account Number	18-1945 under order no. SEPR-P01-051					
Deposit Account Name	Ropes & Gray LLP					
The Director is authorized to: (check all that apply)						
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)						
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						
FEE CALCULATION						
1. BASIC FILING FEE						
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
1001	770	2001	385	Utility filing fee		
1002	340	2002	170	Design filing fee		
1003	530	2003	265	Plant filing fee		
1004	770	2004	385	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
SUBTOTAL (1)		(\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						
Total Claims		** =		Extra Claims	Fee from below	Fee Paid
Independent Claims		** =				
Multiple Dependent						
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		
1202	18	2202	9	Claims in excess of 20		
1201	86	2201	43	Independent claims in excess of 3		
1203	290	2203	145	Multiple dependent claim, if not paid		
1204	86	2204	43	** Reissue independent claims over original patent		
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		(\$)		0.00		
**or number previously paid, if greater; For Reissues, see above						
		Other fee (specify)				
		*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)		
				640.00		

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	David P. Halstead	Registration No. (Attorney/Agent)	44,735
Signature		Telephone	(617) 951-7615
		Date	September 29, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/29/04 Signature: (Patricia McKenney)